



# 'It's good to be able to talk': An exploration of the complexities of participant and researcher relationships when conducting sensitive research



Victoria Louise Newton

Lecturer Applied Health Research, NIHR CLAHRC North Thames, Queen Mary University of London, United Kingdom

## ARTICLE INFO

Available online 3 December 2016

## ABSTRACT

Drawing on qualitative data from a project on young women's experiences of abortion, this paper considers the dual exchange of the research interview. It considers the view that researcher and participant 'collude' in the research process to meet their individual and differing needs. The paper explores the researcher's active role in stimulating participants to talk about and disclose highly personal, and potentially stigmatising, experiences and interrogates the ways in which participants may use, or re-frame, research in a quasi-therapeutic capacity as a process of catharsis. This raises questions around whether the participant and researcher share common research goals, and the implications of this for informed consent. The paper concludes with a discussion of the problems of balancing the need of the researcher to 'get the job done' and to generate meaningful rich data, and the need to prioritise participant and researcher wellbeing throughout the research, suggesting that further consideration needs to be given to the post-consent process.

Crown Copyright © 2016 Published by Elsevier Ltd. All rights reserved.

## Introduction

Researcher sensitivity to the complex dimensions of the researcher/participant relationship is a central pillar to feminist sociological enquiry. Feminist social science methodology of the late 1970s and early 1980s focused on research produced by women for women in an approach that was non-exploitative, subjective, compassionate and inclusive (Jagger, 2014, p. 36). Phenomenological research, which focused on women's lives and their lived experiences, grew in strength from an idea that socially constructed worlds can only be known from within. A 'sociology for women' sought to address societal and social relations from the standpoint of women (Smith, 1987, p. 46). This subjective approach to research moved away from a traditional objective standpoint and allowed for researchers to develop relationships and rapport with their research subjects. Conversational interviewing in informal settings, such as in a woman's home, placed the research interview in feminine spaces in which the interview "can easily take on the character of an intimate conversation" (Finch, 1984, p. 74). This approach arguably validated women's experiences both of the topic under study and of their experiences of the research process. An integral part of doing sound feminist research requires the researcher to "rethink her relationships to those for whom she writes and [to] reexamine the sites in which her writing is done and where it goes" (Smith, 1987, p. 47). Research as a collaboration between researcher and subject raises many practical and ethical issues from research initiation to post-completion.

It is important to explore and probe issues around the inevitably different investment of researcher and research subject in the research process, and how these may come to be reflected in the outcome of the research (Jagger, 2014, p. 37). Through exploration of a project concerning young women's experiences of abortion (Hoggart, Newton, & Bury, 2015), this paper aims to illuminate further some of the messy complexities of undertaking sensitive qualitative research.

This paper considers the idea that the researcher and research participants 'collude' in the research process, each to meet their individual and sometimes differing wants and needs. 'To collude' is defined by the *Oxford English Dictionary-online* (2015) as "to act in secret concert with; to conspire, plot, connive". However, for the purposes of this paper I re-work this definition to be less explicit. I argue that 'to collude' can in research be used to indicate unaware working with another person, in order to fulfil different needs which are not shared by researcher and participant. A successful interview for the researcher means the collection of good, insightful and rich data. The research participant may, however, take away something different from the process, in a conscious or unconscious action, through using it in a therapeutic or cathartic capacity in order to tell their story to someone. This is particularly poignant in relation to stigmatised topics such as abortion, about which societal attitudes make it difficult to talk openly and freely. The interview is one in which the researcher potentially encourages the disclosure of experiences and prompts the exploration of feelings. It raises questions around whether the participant and researcher have similar research goals, and the implications that this may have for informed consent. These are the kinds of issues that feminist sociologists have grappled with for over thirty years, and recent critiques have

E-mail address: [v.newton@ucl.ac.uk](mailto:v.newton@ucl.ac.uk).

problematized the meanings and implications of building up such a relationship with the interviewee for the sole purpose of generating research data (Bourne and Robson, 2013; Duncombe and Jessop, 2012; Finch, 1984; Smith, 1987; Oakley, 2016).

As a qualitative in-depth approach to interviewing has grown in popularity as a widely used research method, building rapport with an interviewee has come to be seen as a marketable skill, and with this commodification a potential for these skills to be abused has opened up. In response to this, feminist social scientists have begun to question the ethical implications of the commodification of 'doing rapport', and the use of these skills to elicit valuable and meaningful data, by probing and asking 'the right questions' to communicate the 'right' implicit messages. Duncombe and Jessop (2012) note:

"The ability to 'do rapport' by 'faking-friendship' in relatively less structured qualitative interviews has become a set of 'professional' and 'marketable' skills, and generally with a training sanitized of any concern with [for] broader ethical issues" (p. 109).

With regard to sensitive research in particular, the researcher is probing potentially distressing experiences, encouraging the participant to talk in depth about the issues, exploring feelings and reflections which they may not have previously considered, and which they may reveal 'in the heat of the moment'. Birch and Miller (2000) argue that:

"When researching intimate, personal experiences and relationships, the researcher's judgement of a successful interview may depend upon hearing something 'deeply' personal and private" (p. 189).

As feminist researchers, we must ask how this may impact on participant experiences of the research interview, since, as Duncombe and Jessop (2012, p. 112) further argue, approaches which employ a deep rapport encourage interviewees to explore increasingly intimate thoughts and experiences, and may lead the research into realms of the quasi-therapeutic. Participants' own reflections on their role in the research process, however, often receives little consideration in literature, as Bourne and Robson (2013) state:

"We have an ethical obligation to consider how our research activities might impact on our participants, yet rarely do we explore with them how they think about the research they took part in and what, if any, impact it had on their lives" (p. 16).

In what follows, I shall explore and reflect on some of these issues through a discussion of my own experiences of undertaking sensitive health research. The data reported is drawn from a pool of interviews which I conducted myself for a collaborative project on young women's experiences of abortion. Although there were two qualitative researchers working on the project, I have chosen to talk only about my own research data and my own standpoint (with the view that each interviewer brings something different to the interview situation). Thus in this paper the discussion does not extend to the wider project as a whole. All participants have been given pseudonyms.

## Methods

The study aimed to explore the behavioural, social and service-related factors that are associated with the reasons why young women aged 16–24 have one or more abortion(s). The study was mixed-method and involved thirty-six qualitative interviews (as discussed in this paper), together with a quantitative survey with 430 young women. Participants were recruited from abortion clinics at six sites across the UK. The project was approved by a NHS Research Ethics Committee.

During their clinic visit, the young women were asked by a healthcare practitioner, after they had made arrangements for their abortion (but before the procedure), if they would like to take part in

an interview. They were given an information sheet, and the project was discussed with them. The participants were reassured verbally and in writing that their participation was entirely voluntary. They did not have to take part in the research, and non-participation would not affect their treatment in any way. If they were interested, they were asked to sign a consent form with their contact details for passing on to the researchers. The researcher then proceeded to contact the young women by telephone two to four weeks after their abortion. Three attempts were allowed for this. Interviews took place either face-to-face or over the telephone. Informed consent was taken at the time of the interview. Participants were asked if the researcher could interview them again, six months later, for a second interview. Out of the total number of young women who participated in the study ( $n = 36$ ), just over half ( $n = 17$ ) gave a second interview. During my role as researcher on the project, I conducted 16 first interviews and 8 second interviews. With the exception of one, all the second interviews were with participants I had interviewed previously. This allowed for some continuity between the interviews.

The topic guides were designed to discuss participants' experiences with contraception and sexual health services, as well as the situations in which they (un)intentionally became pregnant. As part of the interview process, participants were asked to talk through a timeline of their contraceptive use and relationships, from sexual debut up to their most recent abortion. For a second interview, the topic guides were structured around participants' contraceptive behaviour since their abortion, and participants were also asked to reflect on their experiences of taking part in the research.

## Learning and adapting the role of sensitive researcher

From the outset, the project led me to think carefully on what we were asking of participants. I was keenly aware that recruitment would take a number of months, and that our potential participants were as yet unlikely to be pregnant, or even to have had the sexual encounter during which they would become unintentionally pregnant. They had yet to make the 'mistake' which would lead them into seeking an abortion and therefore being invited to take part in the study. This made me slightly uneasy in terms of feeling sad that we were almost 'waiting' for women to become unintentionally pregnant in order to recruit them to the study – a thought which stems from my own standpoint as a sexual health researcher who believes that women should have access to, and be supported in accessing their contraceptive of choice. For some reason, these women's contraceptives had failed, or the women had not been able to exercise the fertility control they desired. Although I argue that abortion is a necessary and vital part of women's reproductive healthcare, I can also acknowledge that there is still much to be done in supporting women in their seeking of contraception and reproductive control.

The study was a particularly difficult one to recruit for, given the highly sensitive nature of the research. When first contacting participants, I was anxious about the research and its implications for the interviewees and the emotional burden of the research on myself. The emotional messiness of qualitative research has been widely debated, but the effects of this on researchers have been less well documented (Watts, 2008, p. 3). Like many of the study participants, I too felt the weight of the stigma that surrounds the topic, and when first contact was made by telephone, I took great care to ensure I was speaking to the right person before disclosing anything of topic of the study, or revealing the types of questions that would be asked. Not being able to see participants meant that I had to balance this caution with my vocal tone – I needed to represent myself as warm and friendly, but also sincere, if only to reassure myself that I was fully aware of the ethical issues of conducting such research. I found myself agonising a great deal about making first contact with the young women, despite the fact that they had signed up to the study. It felt almost intrusive to invade their day with my probing about their abortion. During this first

telephone conversation, I asked again if they would like to take part in the study, and if so, for when the interview could be arranged. During the interview, all mannerisms and intonation were constructed in such a way as to reassure participants that their opinions would be valued and to gain their trust to speak with me in confidence. I was well aware of my position and location in relation to the participants: I was a researcher in my late twenties, five years older than the eldest participant, and at that point in my life I had never experienced an unintended/unwanted pregnancy or ever sought an abortion. In that way I was in a different position from my participants. I was aware though, through my own experiences, of the difficulties of finding a suitable contraception, and of the anxieties that exist around becoming unexpectedly pregnant. I could empathise with them, at least in part, on the embodied experience of being a woman seeking to have reproductive control.

My approach to interviewing is informed by my background in Arts and Humanities. My training as a qualitative researcher had initially come from undergraduate and masters modules in Folklore and Cultural Tradition. Later I moved into Sociological Studies, and my PhD concerned everyday knowledge and belief about menstruation. My fascination with studying the 'everyday' led my interview style historically to be quite a chatty one. When I was studying menstruation, it was hard to disengage myself from the topic, especially when I myself was menstruating. For my PhD research, interviews had been very informal, and took place in coffee shops, parks or over refreshments in the home of the participant. Although I have retained some of this style in order to set participants at their ease at the start of an interview, since moving into health research my approach is now perhaps more distanced, being influenced by the paradigm within which I work. I struggle with the fact that my interview style is more formal nowadays and less conversational and feel that this may reinforce the power imbalance between researcher and researched. Despite my research being concerned with women's everyday lives, their relationships and contraception, I reveal less of myself and my own experiences in the interview situation and I trade fewer of my own experiences when asked a question by a participant. Perhaps this is due to a demanding and competitive academic research environment, as a result of which I find myself being coerced into a more 'professional' role in my present discipline of health research, where qualitative research is still to some extent perceived as secondary to quantitative research or the 'gold standard' RCTs. Other researchers have spoken about reorienting their research along a disciplinary shift - most notably [Oakley \(1999\)](#). Although my research is still as concerned with 'private', 'intimate' and 'personal lived experience' as it was for my post graduate degree, it is also now applied research and directed towards a policy-maker/practitioner audience. As such the 'private' and 'personal' of the research project becomes 'public' for this audience of professionals with a view to positively influencing policy and practice (in this case with regard to women's abortion journeys and access to the full range of contraceptive methods). [Edwards and Ribbens \(1998\)](#) write:

"Such projects have 'liminal' connotations, in terms of being 'betwixt and between' the dominant social and symbolic classification systems of public knowledge, and less visible and vocal understandings found in the more personalised setting of everyday living" (p. 2).

In this way, researchers can find themselves on "the margins between different social worlds" (*ibid.*, p. 2), and this can be a difficult and at times uncomfortable line to tread and one I myself wrestled with, sitting between the private, intimate, and experiential, and the public construction of knowledge and evidence-based healthcare.

The interviews themselves, in terms of practicalities, took place in more formal settings than for my PhD - in a room at the university where I was working, or in my office over the telephone. Most of my participants in the abortion interviews had preferred to participate with me over the telephone, and perhaps this helped them to feel at greater ease in that it was more anonymous. However, in both the

face-to-face and the telephone interviews I was aware I could have been considered to some extent to be expressing 'friendship' by asking participants about their day and taking an interest in their lives (although this was not a false interest). For example, in the case of a second interview, I would refer back to some point that had already arisen. One participant had for instance told me at the first interview that she had just got a kitten; at the second interview I asked her how her kitten was, and I felt I used this information as a lead into getting her to feel comfortable in talking to me again, especially about an experience she may have pushed to the back of her mind, and to indicate my attention: that I did care how she was, and that I respected her individual story. She had become quite distressed during the first interview, and I was also concerned to know that she was at ease and had not continued to be upset long after the previous interview. I felt responsibility towards my participants and was concerned for their well-being and compassionate towards their personal welfare, as well as passionate about the aims of the research and ways in which the research data could be used to help to de-stigmatise abortion through the use of human stories. Here lies a tension in the research process: in order to fulfil my passion about the research, I have to get 'good' data, and this requires probing interviewees to reveal in depth their stories, inner thoughts and feelings. It is impossible to step outside of the power relationship between researcher and participant - researchers collect participant experiences to address a research question and are always working to a research agenda. I try to address this by being respectful and responsive, talking to participants as an equal, and in that to be kind, supportive and friendly. Throughout all my research outputs I aim to forefront participant voices and to allow them to speak for themselves, and this is the approach I have adopted for this paper. Firstly, I shall explore how participants discuss and frame the research process. Secondly, I turn to their motivations for taking part, before offering debate about the differing participant and researcher investment in research and what this means for informed consent. I conclude with some discussion about the need for heightened sensitivity to occasions when participants may be engaging in research in a therapeutic capacity, and how we may start to address some of the complexities of these issue for consent.

### 'Space to talk': participant framing of the sensitive research process

As part of the research, participants were invited to tell their story from sexual debut to their most recent abortion. Story-telling is arguably central to the qualitative interview, and in regard to the project reported here, narrative-building was a key component. Participants were asked to discuss and reflect on their stories of relationships, contraceptive use and (un)intended pregnancies. In this respect, the project may have attracted participants who wanted or needed to talk about their experiences and this process could involve the creation of a narrative that would otherwise remain untold. I was also aware that the young women were being invited to talk for as long as an hour or so about their abortion experience. Many participants commented on the fact that they had not really spoken at length about their experience before, and in cases where they had done so, it was often in confidence with a close friend or a family member. Cassandra spoke about getting her emotions 'out' in the interview:

Yeah, it's been kind of like therapeutic, I suppose. I don't really have many people to talk about it with so... yeah. It's nice to get it out.

[(Cassandra, 19, second interview)]

Ahla told me that her abortion had been part of her life story, and that taking part in the research was now part of that narrative:

if it sadly comes to the day of me writing down all these different things that I have done and influenced my life, then this probably going to be one of them: the abortion and the situation after. Because my philosophy in life is life is made up of several stories and this is definitely one of those stories. So it will come to, yeah, be one of

my stories.

[(Ahla, 22, second interview)]

In this case, taking part in the research interviews was a catalyst for Ahla to think about her abortion, and to put a time frame around it:

I suppose any time I've thought about this, these interviews, I've thought about, I've always done a little sort of clock back as to when it was. And so for example, yesterday also when I realised this interview was today, that I did the maths and counted back and saw where I would have been if I didn't have my abortion. And then that obviously led me to think about where I would be in the cycle of having a child. And led me to thinking about how thankful I was that I didn't.

[(Ahla, 22, second interview)]

Ahla noted that her feeling for the research would be forever bound up with her abortion experience. Some participants noted that they had struggled with the concept of abortion and had identified themselves as being 'against' abortion before undergoing one themselves. This experience blurred their standpoint and led them to question themselves and their need to defend their action. Talking to me helped them to negotiate these perhaps negative emotions. Laura talked about getting something positive for herself out of her experience. About taking part in the research, she noted:

It's definitely changed my views on it, like, I say, it's talking about it, isn't it? It makes it ... it doesn't make it feel so shameful. I don't ... I'm still a little bit ashamed, but I don't feel as bad.

[(Laura, 22, second interview)]

An overlooked aspect of the research process is the reciprocity of the exchange. Often there will be more to participant motivation than just a desire to help out or to take part. Oral historians acknowledge that participation in life-story research can have a cathartic effect "by allowing interviewees to confront long-buried memories. In such cases, the interview serves as therapy" (Richie, 2003, p. 106). In this capacity, then, the researcher can (un)intentionally be framed in a quasi-therapist role, in that both are taught to listen, empathise, respect, and seek clarification through the exploration of thoughts (Hiller & DiLuzio, 2004). This is a complicated and complex facet to qualitative research and is an overlooked dimension in the research process (Bourne & Robson, 2013) but was key to this project, given the emotive and politicised nature of the topic: the emotional exchange of the project was unavoidable. Participants were aware of the weight of their decision-making. Annette discusses below how she had not felt that she needed counselling, despite all the things she lists as gaining from the research interview being similar to those she may have gained through counselling:

it's nice to be able to talk to, I don't know about nice, but it's, I think it's good to be able to talk to someone about it and reflect upon it in, in not such a, like, a counsel, they offer you counselling afterwards, but I don't, I don't think it really needed, I don't, I haven't chosen to have the counselling, I don't think I need to have the counselling. Maybe further on in life, I might end up needing to have counselling about it, I don't know, but right now I can't see that, that will happen, but I think it's good to talk about it in a reflective and constructive way.

[(Annette, 22, second interview)]

It can be argued that both counselling and research interviews involve the participant in discussing matters within an environment which is non-judgmental. However, perhaps we should consider that there is less stigma associated with taking part in research than with engaging with therapy or counselling. Both are emotional processes that allow for the exploration of thoughts and feelings, but therapy and the associated condition of mental health are still deeply stigmatised, and stigma-related factors are still apparent in mental health service use (Rüsch et al., 2009). The qualitative interview is not therapy, but in

the way that it is experienced can bear some similarities to therapy, as highlighted by research participants such as Annette. It is important to stress here that simply because some participants may have found the interview process helpful, this should not be taken to indicate that they required any additional emotional support because they had undergone an abortion. In the project as a whole we found that young women felt able to judge when they needed more support. Reflections such as the ones made by Annette above demonstrate that she knows her mind with regard to abortion counselling, but that she also remains open to accessing it in the future, if those feelings change. In this respect women should be trusted to know their own minds about whether and when they feel the need to seek additional support.

Although participants spoke of this processing of thoughts and feelings in positive terms, this was not, however, the object of the research interview or the agenda of myself as a researcher. While these capacities might be present both in a therapeutic setting and in a research interview, the research interview is arguably different because the therapeutic experience is the by-product of the process rather than its objective (Hiller & DiLuzio, 2004). In this way, the interviewer can perhaps inadvertently serve 'in the narrator's ongoing attempt to attain closure' (Klempner, 2006, p. 208). For example, participants such as Ellie found the processing of their experiences helpful in negotiating some of their negative feelings about their abortion:

it is kind of nice to talk to someone about your experience and you can help other people and make them realise that you haven't got to feel bad about it, and it is not as bad as people make it out to be as well. Everybody has different experience of it. I feel happy I have taken part really.

[(Ellie, 19, first interview)]

For participants such as Leah and Gemma, taking part in the research process allowed them to voice their internal feeling that they were 'fine'. In this way it could be seen as a reinforcement of this feeling. Leah and Gemma both spoke about their expectations about how they should feel after their abortion, and how this did not always translate into actual experience:

I just felt normal. It was really weird. I didn't feel like I'd had anything done and I was waiting for the pain, and the emotions, and everything to come, and they just never have. I don't know if it is because I think I knew in myself from day one what my decision was going to be, so I had prepared myself and I kind of like switched off the fact that I was pregnant, I don't know, but I felt fine, it was really weird, it was a really weird feeling because I was waiting to feel upset, and start hurting but I didn't.

[(Leah, 19, first interview)]

After the operation I didn't even want to think about it, just I somehow managed to block it out of my head so it never cropped up. And now I'm actually fine. Like it doesn't really bother me that I've had a third [abortion]. I don't really tend to think about it as much as I did the first two and let it get to me. I'm absolutely fine about it, yeah.

[(Gemma, 23, first interview)]

Thus the interview was used as a space in which participants made sense of the world and their experiences in it. Moments like these were gratifying; after my initial anxieties about the project and intruding on highly personal aspects of participants' lives it was reassuring to hear that they had a positive experience and felt supported by me. It could be argued that I was a willingly occupying the role as a research-counsellor here, but, as I outline above, my motivations stem from a position of trying to speak to participants as respected individuals – which meant being friendly, supportive and kind, insofar as I could fill that capacity while at the same time being mindful of my research agenda and position of power. As I shall now discuss, participant



motivations and reasons for taking part were varied and involved elements of resilience to the stigma that surrounds abortion.

### Reasons for taking part – participant resilience and action

As part of the interview process, participants were asked about their reasons for joining the research. Taking part in the research and making sense of their experience was not the only facet to research participation. For some, their motivations stemmed from active resilience to abortion stigma, and speaking out to raise awareness about women's everyday experiences of abortion in an effort to counteract some of the negativity surrounding the topic. Researchers discuss the research interview transaction as a kind of 'gift' – one in which self-interest can flourish when participants experience the sharing of life stories as therapeutic (Oakley, 2016 p. 208). A further dimension to this concept of 'the gift' in the present study was participant's wishes to contribute to a societal change. For participants such as Kara, taking part was about forming their narratives, having a voice and helping to raise awareness about how 'real women' feel about abortion:

it's obviously not something that's really spoken about much. And I think that the more information and, sort of, you know knowledge that people have about the topic, and about how normal sort of real women feel about contraception, abortions and pregnancies and all the rest of it, the better really.

[(Kara, 24, first interview)]

Other participants felt that because they were able to talk about their experiences, where some were perhaps unable, they should exercise that ability to help others and raise awareness about issues which young women seeking an abortion may face:

I think at first I was bit hesitant about it because obviously it was kind of like my first time of going through it – I wasn't really sure – And then I kind of thought that there's probably going to be people out there like me, who it's their first time going through it, they're nervous about that. They'll probably be in exactly the same situation as me. So I think if I'd have known that there was something like that out there, that I could read about, like gain more knowledge of what you actually have to go through, I think it would have been a lot easier to do.

[(Megan, 16, first interview)]

Marlie also wanted to participate to help other women in a similar situation. Despite having to undergo a further surgical procedure when her medical abortion was unsuccessful, she felt very much supported by the clinic and was very pleased with the service she received there:

I just think it's important for other people to understand that they're not the only people going through it, and that there is support out there.

[(Marlie, 23, first interview)]

For Laura, the experience seems to have been empowering, and she notes that her speaking about the subject might help someone else in a more vulnerable position than herself. Laura decided to have an abortion because she already had one child, and did not feel in a position to have another, without adversely affecting the life of her existing child:

my situation I'm in is because of me, I'm the only one who's put myself here, I'm doing what I think's right. I just thought, you know, there's not a lot of information, like and people don't talk about it. So if me taking part in this can maybe help somebody else then I'd be happy because it's not something that's spoken about and I just think of people that are more like vulnerable and it's hit them harder. There's always someone in a worse situation than you, sort of thing and it'd be nice to know that somebody, you know, maybe this can

change opinions and change views and change it for other people.

[(Laura, 22, second interview)]

Laura further told me:

It's just a weird thing that it's not spoken about and it's not discussed and it has got this bad sort of bubble surrounding it which you shouldn't talk about it and you shouldn't do it and I do think there's a lot of people out there who could benefit from it not being, you know, there's not just situations like mine in which people get pregnant. There's a whole host of reasons why somebody might get pregnant and not want to keep that baby.

[(Laura, 22, second interview)]

Each abortion was for an individual case, and each narrative was individualised. This ownership of experience is something highlighted by Annette:

I just think it's good to do research about things like this. I think it's a good opportunity for people to hear your thoughts and feelings on it.

[(Annette, 22, first interview)]

Participants discussed their experience of taking part in the research, reflecting on it as a process which influenced their thoughts and feelings about their abortion. Jennifer felt she had gained something positive out of the experience both in terms of her mentality and her behaviour:

It's improved my mentality when it comes to abortion and things like this. I think that this could help people and it does, it helps having these conversations, having these surveys out there and having these projects, they're there to help and make things clearer, and they do, and to me, personally, it helped me. Last time, because it made me feel like ... it made me realise exactly how I felt about the situation and it made me see that, actually, I was really upset about that and, actually, I do need to go on contraception and that is the right thing to do. I think, if I wouldn't have joined in with this, then I wouldn't have thought like that, I wouldn't have matured in that sort of way when it comes to sex and thinking about what can happen after. I think that things like this are good and I would always take part in anything like this, anything that can go towards something is worth doing as far as I'm concerned.

[(Jennifer, 22, second interview)]

Similarly, Annette felt that taking part in the research 'really helped her' to reflect on her experiences and to feel 'better' about them:

I think it's really easy to say no, to say no to taking part and, for me, [...] I think it, it's helped, definitely the first time I spoke to you, I felt, I felt a lot better afterwards, I think.

[(Annette, 22, second interview)]

What we discovered from the wider project was the diversity and varied situations in which young women unexpectedly fall pregnant and require an abortion (Hoggart et al., 2015). Other participants, such as Toni, saw taking part in the research as 'giving back' for the service they had received:

I sort of wanted to give something back. They gave me the leaflet after I'd done like my second pill and everything, and I'd had as good an experience as I could there, so I felt like if I could help someone else then like, great.

[(Toni, 21, first interview)]

### (Re-)framing of research process and 'sharing of research goals' – what does this mean for informed consent?

As discussed, the participants used the research space in a number of different ways, and these to a greater or lesser extent bore some traces

of a cathartic process. The needs of the researcher and the needs of the participant here are in balanced tension with each other. We were both sharing the interview process in order to obtain what we needed from that situation. This raises complex questions about participant investment in the research process. It is a dimension which deserves more attention in methods-literature than it has previously been accorded, and it is one which is not unique to this study, but one which can be applied to any (sensitive) research. While the “dynamic nature of the research process is increasingly acknowledged in social research literature, the ethical dilemmas that this presents for feminist researchers and their research participants are less well explored” (Miller and Bell, 2012, p. 71). It is important to consider what it is that participants are consenting to when they agree to join a study. ‘Informed consent’ requires the discussion of the project and verbal and written consent to be taken before the interview begins. No participant can know the path the research interview will take them on before they experience it. Qualitative interviews are not counselling, although they may hold a therapeutic value for some participants. However, this quality is not the object of the research interview, since this will always be constrained or overlaid by the interests and goals of the researcher (Hiller & DiLuzio, 2004). My purpose in the interviews was to facilitate the young women to speak and tell their stories, to help them to ‘have a voice’. If they had chosen not to answer my questions relating to the research project, but nevertheless had felt better about themselves through having spoken to me, then I had not fulfilled my task, and the interview was not a good one, even though the participant had found it useful.

At times, then, I felt a tension between framing myself as a researcher trying to generate rich data and at the same time being viewed by the participants as a kind of therapeutic research-worker. Again, being positioned “betwixt and between” the margins of “different social worlds” (Edwards and Ribbens, 1998, p. 2), I felt myself in both capacities at once, and was at times uncomfortable. Inadvertent ‘collusion’ such as this contained two issues for me. Firstly, that perhaps this meant I had unintentionally misled participants as to the possible outcomes of the research process. Although the young women had volunteered to take part in the project, and all efforts were made by myself to discuss the types of questions that they would be asked, and to bring it home to them that they were not required to answer any questions that caused them distress, it may not have been clear at the outset that the interviews were likely to involve the exploration of hitherto unexplored issues and the resulting consequences of this. These aspects evolved rather more as part of the narrative process in which a story was woven and shaped. Here we may wish to consider whether the participant is entitled *not* to be conscious of, or *not* to reflect on, some of their feelings about their life experiences. This is perhaps impossible to untangle since we may not know where our thoughts will lead us, however, it might be worth alerting participants to this possibility and maintain their awareness throughout the interview that they are entitled not to answer any questions they do not wish.

Secondly I also felt that I, as a researcher, had been led by the participant into occupying a role for which I was unprepared. Being positioned into a counsellor role could potentially lead the participants to see me as being present in a different capacity from the one I actually occupied. We as researchers have no regulatory body of our own, although we are bound by the ethical guidelines of our workplace or other governing institution, such as NHS Research Ethics Committees. In the framing of the researcher as ‘research-counsellor’, it is also essential to note that the boundaries of a therapy session and a research interview are different and we need to be acutely aware of our limitations and agendas for conducting the research we do. There are clear boundaries in a therapeutic relationship. It is a professional role, informed by a theoretical underpinning and governed by strict guidelines (e.g. BACP, 2012). In a therapeutic interview, the focus is on the individual, and the session is dedicated to helping the client to understand and explore their feelings. The product of this session stays with the client, it is confidential, and their stories do not go any further. In a research situation,

capturing the participants' stories and narrative is the object of the process. This does not stay with the participant in that setting, but is used outside of that context in order to report on the research findings. Once published, both the participant and the researcher lose control of that data. Research participants remain anonymous, but research findings once published become publically accessible, and third parties are free to use them as they wish.

One process which can help negotiate this is subsequent sharing of the research report with participants, for comment. This is a practice we followed in the project. However, only a small number of participants requested to view the report, which brings into question how researchers can fully ensure that participants are aware of what ‘consenting’ means to them, if they do not wish to engage with the project to its completion. It also places the onus on participants to re-engage and to be active in feeding back on a lengthy report in a format and language which may be unfamiliar to them. This issue of negotiating publications remains one of the ‘unsolved methodological/ethical issues of qualitative research’ (Oakley, 2016, p. 208).

I suggest that we should consider new pathways of consent to take these post-interview and post-research issues into consideration. Throughout the research, consent needs to be informed and ongoing – participants will invariably have a different understanding about the project at the beginning of the research from their understanding of it at the end of an interview. We should be aware that these feelings may change in the hours and days that follow, and with this in mind we should be moving towards a notion of post-consent in which we ask to reconnect with the participants a little while after the research interview to ask them of their later feelings about the research experience. Only half of the participants in the study re-engaged to give a second interview and perhaps those that did not are the ones who did not have such a positive experience of the first interview. An informal (but consented) follow-up contact may have made a difference to their future engagement. This approach, as I conclude below, is also important for participant and researcher wellbeing.

### Conclusions – towards balancing participant and researcher needs

The matter of participant motivation and consent is in need of closer scrutiny, particularly in areas of sensitive research. It is important for researchers to pay appropriate attention to the reasons why participants take part in the research, and what impact the research may have on them, especially where in some instances the full impact of the research might not be known until days or weeks after the interview. As researchers, we need to be aware and sensitive to times when participants appear to be engaging in the research as a method of counselling. Research is emotionally messy and there will always be differing motivations between researcher and participant. In the project discussed, many participants found the research process helpful and beneficial, and participants talked about gaining something positive from their experiences of taking part in the research, and the research itself was successful in generating rich, meaningful and insightful data demonstrating women's varied experiences of abortion. However, we need to be aware of potential shortcomings. For example, collaborating or ‘colluding’ in this way could demonstrate that participants want to engage in a therapeutic capacity, but for whatever reason are not able to, or do not feel able to. Despite the gratifying nature of feeling that we have ‘helped’ a research participant in some way, we must always bear in mind throughout the interview that we remain researchers, and are not ‘discharging’, as a therapist or medic may discharge a patient. In this way they are unloading their thoughts and feelings onto an untrained professional, and we run the risk of having unwound a participant's thoughts and feelings without offering any resolution. Furthermore, moving towards a pseudo-therapist role can be ethically inappropriate and can leave interviewees feeling the emotional burden of being unable to provide support (Mitchell and Irvine, 2008 p. 35). As researchers we are not required to train as counsellors, nor do we explicitly undergo

such training. In consequence of this, we need to be clearly aware not only of where we fall short in our service to participants, but also to ourselves. As Bourne and Robson (2013) put it, researchers:

“May need to consider how to handle, or draw boundaries within, interviews where they feel the participant is seeking a degree of therapeutic support they are unable or insufficiently skilled to provide” (p. 114).

Resources, and time, may not allow for qualitative researchers to take training in counselling; however, it would be beneficial for researchers to have at the very least a basic grasp of mental health first aid, as well as to possess some tools or strategy for reassuring a distressed participant, and for talking to them about possible future support. As researchers working on emotive (and mundane) topics, we have to be prepared for this scenario to happen to us at some point during our career. Thus, training would allow for us to be prepared, and would ideally be across the board and protocol-driven, in order to ensure consistency for research participants – it is impossible to predict who may become distressed and when. We cannot take it for granted that the participant will be in the same state of mind before starting the interview as they are after the interview – we may leave a ‘research footprint’ (Mitchell & Irvine, 2008). We should hold some responsibility for how the interview has affected them and whether there could be any adverse reaction to having talked about feelings of so personal a nature. A follow-up telephone call, text message or email in the ensuing days might just be enough to make sure they are okay and whether they would like to be signposted to additional support. It is also a good opportunity for exploring in greater detail participant motivations and the ‘impact’ of research on the ‘researched’. It may also help to set at ease any anxieties the researcher has about the wellbeing of a distressed participant after the interview. We should ask whether this approach should be adopted as a matter of course, as an example of good practice. Asking participants to consent to a post-interview follow-up would help to negotiate some of the concerns about re-contact blurring personal and professional boundaries (Mitchell & Irvine, 2008). It would also provide a mode of validating the importance of research participation, as well as being a method of ensuring a positive relationship for the sharing of research findings with participants once the research is complete.

Finally, there must also be a greater acknowledgement of the impact of research on the researcher – each project can and does change us, and we too may be unaware of the full emotional burden of the research interviews at the outset of a project. In emotionally demanding careers, such as medicine and mental health, more acknowledgement is given to employee wellbeing, since this is recognised as key to delivering a good service. The concept of emotional work has been identified as undervalued within university culture, with researchers needing to be able to undertake a level of ‘self-care’ (Dickson-Swift, James, Kippen, & Liamputtong, 2009). Goodrum and Keys (2007) also discuss their management of distress and reflect on their sadness throughout the collection of data on emotionally sensitive topics. They write:

“The ending of an interview meeting did not mean the ending of our thoughts about the participant. Over time, we grew accustomed – but not immune – to these feelings of dissonance and sadness, despite the fact that we sometimes felt burdened by the weight of participant’s sadness and our guilt for having elicited that sadness” (p. 256).

I too felt a similar emotional response when faced with a distressed participant, seeing myself as the cause of that distress, and without really having any formal resources on which to draw in order to relieve it, I was limited to talking soothingly and expressing empathy. Although there may be informal opportunities to discuss fieldwork concerns within research teams often no specific emotional support system is built into studies (Mitchell & Irvine, 2008). It is important to ask

whether and to what extent support should be offered to researchers in the competitive and demanding research environment, and how researchers can negotiate anxieties, ethical concerns and emotional burdens when undertaking sensitive research. We should perhaps be moving towards integrating proven support structures in the enactment of sensitive research (Carroll, 2012 p. 558) This frequently overlooked point is paramount in undertaking good research and doing our best for our participants and ourselves.

## Acknowledgements

This study was funded by Marie Stopes International.

Victoria Louise Newton is currently supported by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) North Thames at Bart’s Health NHS Trust. The views expressed are those of the author and not necessarily those of the NHS, the NIHR or the Department of Health.

## References

- BACP (2012). *Ethical framework for good practice in counselling and psychotherapy*. British Association for Counselling and Psychotherapy (Webpage: [http://www.bacp.co.uk/ethical\\_framework/](http://www.bacp.co.uk/ethical_framework/) accessed 23/04/2015).
- Birch, M., & Miller, T. (2000). Inviting intimacy: The interview as therapeutic opportunity. *International Journal of Social Research Methodology*, 3(3), 189–202.
- Bourne, A. H., & Robson, M. A. (2013). Participants’ reflections on being interviewed about sexual behaviour: Implications for collection of qualitative data on sensitive subjects. *International Journal of Social Research Methodology*, 18(1), 105–116.
- Carroll, K. (2012). Infertile? The emotional labour of sensitive and feminist research methodologies. *Qualitative Research*, 13(5), 546–561.
- Dickson-Swift, V., James, E. L., Kippen, S., & Liamputtong, P. (2009). Researching sensitive topics: Qualitative research as emotion work. *Qualitative Research*, 9(1), 61–71.
- Duncombe, J., & Jessop, J. (2012). ‘Doing rapport’ and the ethics of faking friendship. In T. Miller (Eds.), *Ethics in qualitative research* (pp. 108–121) (2nd ed.). London: Sage.
- Edwards, R., & Ribbens, J. (1998). Living on the edges: Public knowledge, private lives, personal experience. In R. Edwards, & J. Ribbens (Eds.), *Feminist dilemmas in qualitative research* (pp. 2–20). London: Sage.
- Finch, J. (1984). ‘It’s great to have someone to talk to’: The ethics and politics of interviewing women. In C. Bell, & H. Roberts (Eds.), *Social researching: Politics, problems, practice* (pp. 70–87). London: Routledge & Kegan Paul.
- Goodrum, S., & Keys, J. L. (2007). Reflections on two studies of emotionally sensitive topics: Bereavement from murder and abortion. *International Journal of Research Methodology*, 10(4), 249–258.
- Hiller, H. H., & DiLuzio, L. (2004). The participant and the research interview. Analysing a neglected dimension in research. *The Canadian Review of Sociology and Anthropology*, 41(1), 1–26.
- Hoggart, L., Newton, V. L., & Bury, L. (2015). ‘How could this happen to me?’ Young women’s experience of unintended pregnancies: A qualitative study. *Research report*. Open University.
- Jagger, A. M. (2014). Social sciences. In A. M. Jagger (Ed.), *Just methods: An interdisciplinary feminist reader; supplemented with a new introduction on learning from practice* (updated edition. Previous edition 2008). Boulder: Paradigm Publishers.
- Klemmner, M. (2006). Navigating life review interviews with survivors of trauma. In R. Perks, & A. Thomson (Eds.), *The oral history reader* (pp. 198–210) (2nd ed.). London and New York: Routledge.
- Miller, T., & Bell, L. (2012). Consenting to what? Issues of access, gate-keeping and ‘informed’ consent. In T. Miller (Eds.), *Ethics in qualitative research* (pp. 61–75) (2nd ed.). London: Sage.
- Mitchell, W., & Irvine, A. (2008). I’m okay, you’re okay?: Reflections on the well-being and ethical requirements of researchers and research participants in conducting qualitative fieldwork interviews. *International Journal of Qualitative Methods*, 7(4), 31–44.
- Oakley, A. (1999). Paradigm wars: Some thoughts on a personal and public trajectory. *International Journal of Social Research Methodology*, 2(3), 247–254.
- Oakley, A. (2016). Interviewing women again: Power, time and the gift. *Sociology*, 50(1), 195–213.
- Oxford English Dictionary (electronic resource) (2015). Oxford: Oxford University Press (2000-ISBN 1467-3894).
- Richie, D. A. (2003). *Doing oral history. A practical guide: Using interviews to uncover the past and preserve it for the future* (2nd ed.). Oxford: Oxford University Press.
- Rüsch, N., et al. (2009). Self-stigma, groups identification, perceived legitimacy of discrimination and mental health service use. *British Journal of Psychiatry*, 195(6), 551–552.
- Smith, D. E. (1987). *The everyday world as problematic: A feminist sociology*. Boston: Northeastern University Press.
- Watts, J. H. (2008). Emotion, empathy and exit reflections on doing ethnographic qualitative research on sensitive topics. *Medical Sociology Online*, 3(2), 3–14.